

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720650

**FILED**  
**Feb 07, 2016**  
**Secretary of State**  
**CC7659597266**

**Entity Name:** ST. PETERSBURG BICYCLE CLUB, INCORPORATED

**Current Principal Place of Business:**

901 34TH AVE N  
# 76023  
ST PETERSBURG, FL 33734-8041

**Current Mailing Address:**

PO BOX 76023  
ST PETERSBURG, FL 33734-6023 US

**FEI Number: 59-2454681**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BODE, DANIEL JR.  
1201 GANDY BLVD N # 22664  
ST PETERSBURG, FL 33742-8094 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: DANIEL BODE, JR.**

**02/07/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BODE, DANIEL JR.  
Address        1201 GANDY BLVD N # 22664  
City-State-Zip: ST PETERSBURG FL 33742-8094

Title           PRESIDENT  
Name           GRIENGLING, BOB  
Address        126 15TH AVE NE  
City-State-Zip: ST PETERSBURG FL 33704-4510

Title           MEMBERSHIP  
Name           MENNE, WENDY E  
Address        30 160TH AVE  
City-State-Zip: REDINGTON BEACH FL 33708-1642

Title           DIRECTOR  
Name           GRONEMEYER, STEVE  
Address        11223 TRADEWINDS BLVD  
City-State-Zip: LARGO FL 33773-4412

Title           DIRECTOR  
Name           HANSBURY, BILL  
Address        530 1/2 23RD AVE N  
City-State-Zip: ST PETERSBURG FL 33704-4318

Title           SECRETARY  
Name           WOODCOCK, KRIS  
Address        226 5TH AVE N  
                  APT 1402  
City-State-Zip: ST PETERSBURG FL 33701-2961

Title           VP  
Name           VAN VLAARDINGEN, JOHN  
Address        175 1ST ST S  
                  APT 1101  
City-State-Zip: ST PETERSBURG FL 33701-4506

Title           COMMUNICATIONS  
Name           STRAMIELLO, CHRISTINA  
Address        19309 WIND DANCER ST  
City-State-Zip: LUTZ FL 33558-9065

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIEL BODE, JR.**

**TREASURER**

**02/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SCARFONE, MARK  
Address        5029 17TH ST N  
City-State-Zip: ST PETERSBURG FL 33714-2701